Effective October 1, 2003 0! 52 32 32 33 34 35 36 36 36 36 36 36 36	FEE 770.00 180
TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA RATE BASIC FEE BASIC FEE 385.00 OR BASIC FEE TOTAL CHARGEABLE CLAIMS OR NUMBER FILED NUMBER EXTRA NUMBER EXTRA NUMBER EXTRA NUMBER EXTRA NUMBER EXTRA NUMBER EXTRA OR X\$ 9= OR X\$ 18= OR X\$ 18= OR X\$ 6= H145= OR TOTAL OR NUMBER PRESENT	FEE 770.00 180
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INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT	THAN
*If the difference in column 1 is less than zero, enter "0" in column 2 *If the difference in column 1 is less than zero, enter "0" in column 2 *If the difference in column 1 is less than zero, enter "0" in column 2 *TOTAL OR TOTAL OR TOTAL OR TOTAL OR TOTAL OCIUMN 1) Column 1) Column 2) Column 3) SMALL ENTITY OR SMALL OR TOTAL OR TOTAL OCIUMN 5 SMALL ENTITY OR SMALL OR TOTAL OCIUMN 6 SMALL ENTITY OR SMALL OCIUMN 7 SMALL ENTITY OR SMALL	THAN
*If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL	THAN
OTHER COLUMN 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL CLAIMS HIGHEST NUMBER PRESENT ADDI-	THAN
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13	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=	
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* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. ** If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL ADDIT. FEE ***TOTAL ADDIT. FEE	